PHA 5-Year and Annual Plan

U.S. Department of Housing and Urban Development Office of Public and Indian Housing

OMB No. 2577-0226 Expires 4/30/2011

1.0	PHA Information					
	PHA Name: Housing Authority of Conway				ode: <u>SC02</u>	2
		Performing	☐ Standard	HCV (Section 8)		
	PHA Fiscal Year Beginning: (MM/YYYY):	10/20	10			
2.0	Inventory (based on ACC units at time of F	V beginning	in 1 A shove)			
2.0	Number of PH units: 260	1 beginning	III 1.0 above)	umber of HCV units:36	8	
	Number of Fit days					
3.0	Submission Type					
0.0		Annual	Plan Only	5-Year Plan Only		
4.0	PHA Consortia	HA Consorti	 a: (Check box if submitting a join 	nt Plan and complete table bel	ow.)	
		1			No. of Unit	s in Each
	Participating PHAs	PHA	Program(s) Included in the	Programs Not in the	Program	
	rancipating riizs	Code	Consortia	Consortia	PH	HCV
	PHA 1:					<u> </u>
	PHA 2:					
	PHA 3:	-				
5.0	5-Year Plan. Complete items 5.1 and 5.2 or	nly at 5-Year	Plan update.			
***	·					
5.1	Mission. State the PHA's Mission for servi	ng the needs	of low-income, very low-income	, and extremely low income for	amilies in the P	HA's
	jurisdiction for the next five years:					
	The mission of the Housing Authority of C		asiat lass income femilies in a ne	on discriminatory manner wit	h cafe decent	drug-free and
	affordable housing as they strive to achieve	onway is to a colf-cufficien	cy and improve the quality of the	eir lives. The Housing Author	ity is committe	d to operating
	in an efficient, ethical, and professional mar		cy and improve the quarty of the	in mos. the money teams		p8
	in an official, canon, and provessional man			•		
5.2	Goals and Objectives. Identify the PHA's	quantifiable į	goals and objectives that will ena	ble the PHA to serve the need	s of low-incom	e and very
i :	low-income, and extremely low-income fan		next five years. Include a report of	on the progress the PHA has r	nade in meeting	g the goals
	and objectives described in the previous 5-Y	car Plan.				
	Goal: Keep and Upgrade Existing Public H	ouring Stock				
	Continue to keep and upgrade its Hucka	bee Heights	Darden Terrace and Holt Garden	nroperties using CFP, ARRA	and Utility Ac	ld-On
	Program funding.	occ rieigins,	Strady 1071100 and 11010 Cardon	1,,	•	
	 Regin demolishing and replacing scatter 	ed site prope	rties. The goal is to demolish and	replace five of the twenty un	its over the nex	t five years
	using RHF and CFP funds. (1691 Four l	Mile Road, 33	314 and 3316 New Road, 3415 L	ongwood Avenue, and 1604 7	th Avenue)	
	Goal: Expand Homeownership Program					
	The Housing Authority has implemente	d a Section 8	Homeownership program and pl	ans to assist three lamilies a y	ear purchase no	omes.
	The Housing Authority is participating	in the Neighb	orhood Stabilization Program Wi	in six other agencies and has i	ne goai oi acqi	ming,
	renovating and selling eight homes to lo The Housing Authority is exploring the	w-mcome rai	colling selected contared site bo	mes under the section 32 prog	ram	
	The Housing Authority is exploring the	reasibility of	senning selected seattered site not	ines under the section 32 prog		
	Goal: Expand Resident Services					
	Pursue ROSS and FSS Coordinator gran	nts to supplen	nent the one full time Resident So	ervices Coordinator currently:	funded by the /	Authority.
	Outsource housing counseling services:	since the Autl	hority plans to provide homeown	ership coordinator services in	-house.	
	Goal: Develop Additional Housing Opportu					
	Apply for additional housing choice you		ney become available.			
	 Expand the Authority's homeownership Assist nonprofits with developing and n 	program.	al and homeourorchin housing th	hat is affordable to love incom	e families	
		namaging rem	ar and nonecownersing nousing u	al low-income housing	0 141111100	
	Continue to partner with municipal, cou	my and rogio	na agonosos to develop addition			
	Progress in meeting previous five year goals	5				•
	The Housing Authority was successful in ac	hieving its 20	005 to 2009 five year goals. It pro	ovided technical assistance to	local nonprofit	s, the City,
	County and regional agencies involved in de	eveloping hor	using for low-income families an	d partnered with these agencie	es and organiza	tions to
	obtain a neighborhood stabilization grant w	hich is now b	eing implemented. The Authority	/ was also successful in maint	aining PHAS a	nd SEMAP
	high performer status for the past five years	while minim	izing vacancies and vacant unit t	urnaround times. During 2009	the Authority	received
	\$600,206 in formula funded ARRA funds a replace HVAC systems Authority wide. The	nd applied for	r and received an additional \$350	1,000 in competitive ARRA it	mus willen is D program phick	enig ascu io
	the Authority to borrow money for energy c	onservation :	so apprice for approval for partic measures and use the savings to n	av back the HHD approved is	an.	, notice allow
	the Admortty to borrow money for energy c	onsoi vationi i	neadares and use the sarrings to p	m, when the real approved to		
·	l					

	PHA Plan Update
6.0	(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:
	The Housing Authority amended its Procurement Policy to comply with ARRA fund requirements.
	(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions.
	The Housing Authority's central office at 2303 Leonard Avenue, Conway, SC 29527
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. Include statements related to these programs as applicable. The Housing Authority plans to demolish and replace five scattered site public housing single family detached units.
8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.
	Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the Capital Fund Program Annual Statement/Performance and Evaluation Report, form HUD-50075.1, for each current and open CFP grant and CFFP financing.
8.1	 Attachment A: FY 2010 Annual Plan, sc025a01 Attachment B: P & E Report for 2009 ARRA formula funds SC16S02550109, sc025b01 Attachment C: P & E Report for 2009 ARRA competitive funds SC02500000109R, sc025c01 Attachment D: P & E Report for 2009 CFP funds SC16P02550109, sc025d01 Attachment E: P & E Report for 2008 CFP funds SC16P02550108, sc025c01
8.2	Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the Capital Fund Program Five-Year Action Plan, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.
	Attachment F: Five Year Plan, sc025f01
8.3	Capital Fund Financing Program (CFFP). Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.
9.0	Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.
	Housing needs and problems and public housing and section 8 waiting lists are detailed in Attachment G: Housing Needs, sc025g01
	Currently there are 374 on the public housing waiting list and 404 on the section 8 waiting list. The public housing waiting list is currently open; however, the section 8 waiting list has been closed for over three years. There is an immediate need for suitable rental and homeownership housing for low-income families in Conway, SC.
L	

Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.

9.1

- Continue upgrading existing public housing stock while minimizing vacancies and vacant unit turnaround,
- Apply for additional housing choice vouchers when they become available.
- Continue to expand the Authority's homeownership program.
- Assist nonprofits with developing and managing rental and homeownership housing that is affordable to low-income families.
- Continue to partner with municipal, county and regional agencies to develop additional low-income housing.
- Begin demolishing and replacing scattered site properties.

Additional Information. Describe the following, as well as any additional information HUD has requested.

- (a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan. The Housing Authority was successful in achieving its 2005 to 2009 five year goals.
- (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"

The following actions are defined as substantial deviation or significant amendment or modification:

GOALS

Additions or deletions of Strategic Goals

10.0

PROGRAMS

- Adding new programs not included in the Housing Agency Plan
- Any change with regard to demolition or disposition, designation of housing, homeownership programs or conversion activities

CAPITAL BUDGET

Additions of non-emergency work items in excess of \$25,000 (items not included in the current Annual Statement or Five Year Action Plan) or change in use of replacement reserve funds in excess of \$25,000.

POLICIES

Changes to rent or admissions policies or organization of the waiting list

An exception to the above definition will be made for any of the above that are adopted to reflect changes in HUD regulatory requirements since such changes are not considered significant amendments by HUD.

- Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following 11.0 documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.
 - (a) Form HUD-50077, PHA Certifications of Compliance with the PHA Plans and Related Regulations (which includes all certifications relating to Civil Rights)
 - (b) Form HUD-50070, Certification for a Drug-Free Workplace (PHAs receiving CFP grants only)
 - (c) Form HUD-50071, Certification of Payments to Influence Federal Transactions (PHAs receiving CFP grants only)
 - (d) Form SF-LLL, Disclosure of Lobbying Activities (PHAs receiving CFP grants only)
 - (e) Form SF-LLL-A, Disclosure of Lobbying Activities Continuation Sheet (PHAs receiving CFP grants only)
 - Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.
 - (g) Challenged Elements
 - (h) Form HUD-50075.1, Capital Fund Program Annual Statement/Performance and Evaluation Report (PHAs receiving CFP grants only)
 - Attachment A: FY 2010 Annual Plan SC16P02550110, sc025a01
 - (i) Form HUD-50075.2, Capital Fund Program Five-Year Action Plan (PHAs receiving CFP grants only)
 - Attachment F: FY 2010 to FY 2014 Five Year Plan, sc025f01

ADDITIONAL ATTACHMENTS:

Attachment H: Violence Against Women Act, sc025h01

17 1499 Developme	16 1495.1 Relocation Costs	15 1492 Moving to	14 I485 Demolition	13 1475 Non-dwelling Equipment	12 1470 Non-dwelling Structures	11 1465.1 Dwelling	10 1460 Dwelling Structures	9 1450 Site Improvement	8 1440 Site Acquisition	7 1430 Fees and Costs	6 1415 Liquidated Damages	5 1411 Audit	4 1410 Administra	3 § 408 Manageme	2 1406 Operations	I Total non-CFP Funds		Line Summary by De	Type of Grant Original Annual Statement Performance and Evaluation	PHA Name: Housing Authority of Conway, SC	Part I: Summary
1499 Development Activities '	on Costs	1492 Moving to Work Demonstration	, , , , , , , , , , , , , , , , , , , ,	ing Equipment	ing Structures	1465.1 Dwelling Equipment—Nonexpendable	Structures	vement	sition	osts	Damages		1410 Administration (may not exceed 10% of line 21)	1408 Management Improvements	1406 Operations (may not exceed 20% of line 21) ³	unds		Summary by Development Account	Type of Grant ☐ Original Annual Statement ☐ Reserve for Disasters/Emergencies ☑ Performance and Evaluation Report for Period Ending:	ay, SC Capital Fund Program Grant No: SC16P02550109 Replacement Housing Factor Grant No: Date of CFFP:	
\$114,357			\$3,600			\$31,700	\$200,000			\$24,000			\$5,000	\$15,000	\$98400		Original			202550109	
.00			.00			5000.00	373057.00			10000.00			1000.00	5000.00	98000.00		Revised ²	Total Estimated Cost	☐ Revised Annual Statement (revision no: ☐ Final Performance and Evaluation Report		
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						0	0			0			0	0	0		Expended	Total Actual Cost 1		FFY of Grant: 2009 FFY of Grant Approval: 2009	77.77

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program Annual Statement/Performance and Evaluation Report

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Date	c Housing Director	Signature of Public Hous		Signature of Executive Director	Signature of E
				Amount of line 20 Related to Energy Conservation Measures	25 Amou
				Amount of line 20 Related to Security - Hard Costs	24 Amou
				Amount of line 20 Related to Security - Soft Costs	23 Amou
			Ven	Amount of line 20 Related to Section 504 Activities	22 Amou
				Amount of line 20 Related to LBP Activities	21 Amou
0	424000.000		\$492,057	Amount of Annual Grant:: (sum of lines 2 - 19)	20 Amou
				1502 Contingency (may not exceed 8% of line 20)	19 1502 (
				9000 Collateralization or Debt Service paid Via System of Direct Payment	18ba 9000 (
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Expended	Obligated	Revised ²	Original		
Total Actual Cost 1	Total Ac	Total Estimated Cost	Tot	Summary by Development Account	Line Summ
	☐ Final Performance and Evaluation Report	☐ Final		Performance and Evaluation Report for Period Ending:	Performance
	Revised Annual Statement (revision no:	☐ Revis	gencies	Original Annual Statement Reserve for Disasters/Emergencies	Original Ann
					Type of Grant
	FFY of Grant:2009 FFY of Grant Approval: 2009	**************************************		Grant Type and Number Capital Fund Program Grant No: SC16P02550109 Replacement Housing Factor Grant No: Date of CFFP:	PHA Name: Housing Authority of Conway, SC
				ľУ	Part I: Summary
Expires 4/30/2011					,

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	0	326000.00	373057.00	\$50,000	100	1460	Replace Kitchen Cabinets/Plumbing	AMP#2
	0	0	10000.00	\$24,000		1430	A & E Fees	HA-Wide
	0	0	1000.00			1410	Administration	HA-Wide
	0	0	5000.00			1408	Management Improvements	HA-Wide
	0	98000.00	98000.00			1460	Operations	HA-Wide
	Funds Expended ²	Funds Obligated ²	Revised 1	Original				
Status of Work	Òst	Total Actual Cost	Estimated Cost	Total Estimat	Quantity	Development Account No.	General Description of Major Work Categories	Development Number Name/PHA-Wide Activities
					rant No:	CFFP (Yes/ No): Replacement Housing Factor Grant No:	CFFP Replace	
	99	Federal FFY of Grant: 2009	Federal F	90	o: SC16P025501	Grant Type and Number Capital Fund Program Grant No: SC16P02550109		PHA Name: Housing Authority of Conway, SC
								Part II: Supporting Pages

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program	dule for Capital Fund	Financing Program			
PHA Name: Housing Authority of Conway, SC	ty of Conway, SC				Federal FFY of Grant: 2009
Development Number Name/PHA-Wide Activities	All Fund (Quarter E	All Fund Obligated (Quarter Ending Date)	All Funds (Quarter E	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA-Wide	09/14/2011		09/14/2013		
AMP#2	09/14/2011		09/14/2013		
		opposite the state of the state			

Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

PHA Name: Housing Autho Type of Grant Coriginal A Performan Line S	thority of Conway, SC	Grant Type and Number Capital Fund Program Grant No: SC02500000109R Replacement Housing Factor Grant No: Date of CFFP: Reserve for Disasters/Emergencies	00109R (ARRA Competitive Grant)	ive Grant) T Revised Annual Statement frevision no:		FFY of Grant 2009 FFY of Grant Approval: 2009
Housing At Type of Gr Origina Perfort Line		Application to the control of the co	i i	vised Annual		
Type of Gr	nnual Statement	Reserve for Disasters/Emergencies		Revised Annual Statement (revi		
⊠ Perform		•			ISION HO:	
Line	Performance and Evaluation Report for Period Ending:	r Period Ending:		Final Performance and Evaluation Report	ion Report	(man)
	Summary by Development Account	count	Tot	Total Estimated Cost	Tota	Total Actual Cost 1
1			Original	Revised ²	Obligated	Expended
_	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) 3	d 20% of line 21) 3				
(J.)	1408 Management Improvements	κ.				
-4-	1410 Administration (may not exceed 10% of line 21)	xceed 10% of line 21)				
Vi	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					The same of the sa
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures		\$350,000		350,000.00	350,000.00
11	1465.1 Dwelling Equipment—Nonexpendable	Vonexpendable			-	
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration	ration				
16	1495.1 Relocation Costs					
17	1499 Development Activities '					

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Capital Fund Financing Program Capital Fund Program, Capital Fund Program Replacement Housing Factor and Annual Statement/Performance and Evaluation Report

> U.S. Department of Housing and Urban Development
> Office of Public and Indian Housing OMB No. 2577-0226

Expires 4/30/2011

18ba Housing Authority of Conway, SC Type of Grant PHA Name: Part I: Summary 23 21 20 Signature of Executive Director 25 24 22 19 18a Line Performance and Evaluation Report for Period Ending: Original Annual Statement Summary by Development Account 9000 Collateralization or Debt Service paid Via System of Direct Amount of line 20 Related to Energy Conservation Measures Amount of line 20 Related to Security - Hard Costs Amount of line 20 Related to Security - Soft Costs Amount of line 20 Related to Section 504 Activities Amount of line 20 Related to LBP Activities Amount of Annual Grant:: (sum of lines 2 - 19) 1502 Contingency (may not exceed 8% of line 20) 1501 Collateralization or Debt Service paid by the PHA Grant Type and Number
Capital Fund Program Grant No: SC02500000109R
Replacement Housing Factor Grant No: Date of CFFP: Payment ayrear Reserve for Disasters/Emergencies Date 7-12-10 \$350,000 Original Total Estimated Cost Signature of Public Housing Director Revised 2 Revised Annual Statement (revision no: Final Performance and Evaluation Report FFY of Grant Approval: 2009 350,000.00 Obligated Total Actual Cost 1 350,000.00 Expended Date

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Part II: Supporting Pages	parity of Conway SC	Grant Tyne and Numb	to T		Federal H	Federal FFY of Grant: 2009	09	
FITA Name, Flousing Authority of Conway, SC		Capital Fund Program Grant No: SC02500000109R CFFP (Yes/ No):	rant No: SC025000001	09R	,		;	
		Replacement Housing Factor Grant No:	actor Grant No:					
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Work Development Account No.	nt Quantity	Total Estimated Cost	ed Cost	Total Actual Cost	Cost	Status of Work
				Original	Revised 1	Funds Obligated ²	Funds Expended ²	
HA-Wide	HVAC Electric Conversion	1460	66	\$350,000		350,000.00	350,000.00	

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² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program PHA Name: Housing Authority of Conway, SC	dule for Capital Fund ity of Conway, SC	Financing Program			Federal FFY of Grant: 2009
Development Number Name/PHA-Wide	All Fund (Ouarter E	All Fund Obligated (Ouarter Ending Date)	All Fund	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates
Activities		,			
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA-Wide	09/30/2010	12/29/2009	09/30/2012	06/10/2010	
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Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Part I: Summary	mmary					
PHA Name: Housing Au	PHA Name: Housing Authority of Conway, SC	Grant Type and Number Capital Fund Program Grant No: SC16S02550109 Replacement Housing Factor Grant No: Date of CFTP:	50109 (ARRA Formula Funded)	Funded)		FFY of Grant Approval: 2009
Type of Grant Original A	nnual Statement	Reserve for Disasters/Emergencies		Revised Annual Statement (revision no:	ision no:	
⊠ Perforn	n Repor	for Period Ending:		Final Performance and Evaluation Report	ort	
Line	Summary by Development Account	Account	To	Total Estimated Cost	Tota	Fotal Actual Cost
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-	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) 3	seed 20% of line 21) 3				
(J)	1408 Management Improvements	ents				
4	1410 Administration (may not exceed 10% of line 21)	t exceed 10% of line 21)				
S.	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs		\$60,000		\$60,000	46549.76
∞	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures		\$540,206		540206.00	389390.78
11	1465.1 Dwelling Equipment—Nonexpendable	—Nonexpendable				
12	1470 Non-dwelling Structures	S				
13	1475 Non-dwelling Equipment	nt				
14	1485 Demolition					
15	1492 Moving to Work Demonstration	nstration				
16	1495.1 Relocation Costs					
17	1499 Development Activities *	, 4				

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Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program Annual Statement/Performance and Evaluation Report

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226

Expires 4/30/2011

			7-12-10	Sherry Jayren 7	
Date	lic Housing Director	Signature of Public Hou	Date	Signature of Executive Director D	Signature o
				Amount of line 20 Related to Energy Conservation Measures	25 A
				Amount of line 20 Related to Security - Hard Costs	24 A
				Amount of line 20 Related to Security - Soft Costs	23 A
				Amount of line 20 Related to Section 504 Activities	22 A
				Amount of line 20 Related to LBP Activities	21 A
369515.10 389 390.78	\$600206.00		\$600,206	Amount of Annual Grant:: (sum of lines 2 - 19)	20 Aı
				1502 Contingency (may not exceed 8% of line 20)	19 15
				9000 Collateralization or Debt Service paid Via System of Direct Payment	18ba 90
				1501 Collateralization or Debt Service paid by the PHA	18a 15
Expended	Obligated	Revised ²	Original		
Total Actual Cost	Tota	Total Estimated Cost	-	Summary by Development Account	Line Su
	Final Performance and Evaluation Report	☐ Final		Performance and Evaluation Report for Period Ending:	Nerforma 🔀
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					Type of Grant
	FFY of Grant:2009 FFY of Grant Approval: 2009			rity Capital Fund Program Grant No: SC16S02550109 Replacement Housing Factor Grant No: Date of CFFP:	PHA Name: Housing Authority of Conway, SC
				nary	Part I: Summary

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Part II: Supporting Pages PHA Name: Housing Authority of Conway, SC		Grant Type	and Number			Federal F	Federal FFY of Grant: 2009	09	
(Capital Fund CFFP (Yes/ Replacemen	Capital Fund Program Grant No: SC16S02550109 CFFP (Yes/ No): Replacement Housing Factor Grant No:	SC16S0255010 ant No:)9		-		
Development Number Name/PHA-Wide	General Description of Major Work Categories		Development Account No.	Quantity	Total Estimated Cost	d Cost	Total Actual Cost	Jost	Status of Work
						Revised 1	Funds Obligated ²	Funds Expended ²	
HA-Wide	A & E Fees		1430		\$60,000		\$60,000	46549.76	
HA-Wide	HVAC Electric Conversion		1460	102	\$540,206		540206.00	389390.78	

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² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program	dule for Capital Fund	Financing Program			
PHA Name: Housing Authority of Conway, SC	ty of Conway, SC				Federal FFY of Grant: 2009
Development Number Name/PHA-Wide Activities	All Fund (Quarter E	All Fund Obligated (Quarter Ending Date)	All Funds (Quarter E	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA-Wide	03/17/2010		03/17/2012		

Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Part I:	Part I: Summary					
PHA Name:	me:	Grant Type and Number	Grant Type and Number Capital Fund Program Grant No. SC16P02550210			FFY of Grant: 2010
Housin	Housing Authority of Conway, SC	Date of CFFP:	TOSTAIL CLAIR INC. CO. ICI CECCO	2-10 - Vebiaechiem Tienedii Et aethi Ataii Iso		FFY of Grant Approval: 2010
Type of	Type of Grant Description Annual Statement Description Descript	ionatore Eman		Desired Append Statement (mail:		
□Perfo	n Report for Per			Final Performance and Evaluation Report	n Report	
Line	Summary by Development Account		Total Esti	Total Estimated Cost		Fotal Actual Cost 1
			Original	Revised ²	Obligated	Expended
	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) 3)	97630.00			
3	1408 Management Improvements		5000.00			
4	1410 Administration (may not exceed 10% of line 21)		1000.00			
5	1411 Audit				· · · · · · · · · · · · · · · · · · ·	
6	1415 Liquidated Damages					
7	1430 Fees and Costs		15000.00			
00	1440 Site Acquisition					
9	1450 Site Improvement	-	22000.00			
10	1460 Dwelling Structures	7.3	347521.00			
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities *					
18a	1501 Collateralization or Debt Service paid by the PHA	A				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	n of Direct				
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant: (sum of lines 2 – 19)		488151.00		***************************************	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures	asures				

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Part I: Summary			
PHA Name:	Grant Type and Number	Grant Type and Number Capital Fund Program Grant No. SC16PO2550110 Sentacement Housing Factor Grant No.	FFY of Grant:
Housing Authority of Conway, SC		O. SCHACHIOII MODIII FACIO	
Type of Grant SOriginal Annual Statement	Reserve for Disasters/Emergencies	☐Revised Annual Statement (revision no:	no:)
Performance and Evaluation Report for Period Ending:	or Period Ending:	Final Performance and Evaluation Report	Report
Line Summary by Development Account	ount	Total Estimated Cost	Total Actual Cost 1
_	Original	inal Revised ²	Obligated Expended
Signature of Executive Director	Date	Signature of Public Housing Director	rector Date
Sherry Jayner	Eyner 06/23/2010		
0	,		

							- Andrews Andr	
				347521.00	100	1460	Flooring & Wash Boxes	SC25-02
				22000.00		1450	Drainage per Topo	SC025-02
				15000.00		1430	Fees and Cost	HA-Wide
				1000.00		1410	CFP Administration	HA-Wide
				5000.00		1408	Computer Training & Software	HA-Wide
				97630.00		1406	Operations	HA-Wide
	Funds Expended ²	Funds Obligated ²	Revised 1	Original				
								Name/PHA-Wide Activities
						Account No.	Categories	Number
Status of Work	ual Cost	Total Actual Cost	nated Cost	Total Estimated Cos	Ouantity	Development	General Description of Major Work	Development
		2010	es/ No):)1-10 CFFP (Y	C16PO2550 No:	Capital Fund Program Grant No: SC 16FO25501-10 CFFP (Yes/ No): Replacement Housing Factor Grant No:		Housing Authority of Conway
	rant:	Federal FFY of Grant:				Number	Grant Type and Number	PHA Name:
							ges	Part II: Supporting Pages

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program	hedule for Capital Fund Fi	nancing Program			
PHA Name: Housing Authority of Conway, South Carolina	way, South Carolina				Federal FFY of Grant: 2010
Development Number Name/PHA-Wide	All Fund Obligated (Quarter Ending Date)	oligated ng Date)	All Funds Expended (Quarter Ending Date)	Expended ding Date)	Reasons for Revised Target Dates
* * * * * * * * * * * * * * * * * * *	Original Obligation	Actual Obligation	Original Expenditure	Actual Expenditure	A A A A A A A A A A A A A A A A A A A
2007	End Date	End Date	End Date	End Date	
TV 10.01	07/14/2012	4-00000	07/14/2015		ANTO TO THE PARTY OF THE PARTY
					A CONTRACTOR OF THE CONTRACTOR
					COOL OF ANY PROPERTY OF THE PR
			Ammen		CONVENIENT TO THE PARTY OF THE

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					- License and the second secon

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development Office of Public

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and Indian Housing

ATTACHMENT F

X	Ľ.	Χ.	:	Ţ	Ħ	G	<u>.</u> TI	Ĺ	D.	C.	В.	,A	PHA Conw	Part
Grand Total	Total Non-CFP Funds	Total CFP Funds	Debt Service	Development	Demolition	Operations	Other (Fees and Costs)	Administration	PHA-Wide Non-dwelling Structures and Equipment	Management Improvements	Physical Improvements Subtotal	Development Number and Name	PHA Name/Number Housing Authority of Conway, SC SC025	Part I: Summary
											Sunnyas Statemens	Work Statement for Year 1 FFY 2010	hority of	
\$488,151	0	\$488,151		\$117,865	\$7,500	97,630	20,000	\$5,000		\$10,000	230,156	Work Statement for Year 2 FFY <u>2011</u>	Locality (City/o Conway, Horry Con	
\$488,151	0	\$488,151		\$117,865	\$7,500	97,630	20,000	\$5,000		\$10,000	230,156	Work Statement for Year 3 FFY <u>2012</u>	Locality (City/County & State) Conway, Horry County, South Carolina	
\$488,151	0	\$488,151		\$117,865	\$7,500	97,630	20,000	\$5,000	indizaanaqui "	\$10,000	230,156	Work Statement for Year 4 FFY 2013		Parting
\$488,151	0	\$488,151		\$117,865	\$7,500	97,630	20,000	\$5,000		\$10,000	230,156	Work Statement for Year 5 FFY 2014	Revision No:	

Expires 4/30/20011

Part I: Summary (Continuation)	ition)			A THE STATE OF THE	a market i
PHA Name/Number		Locality (City/county & State)	ounty & State)	Original 5-Year Plan	Revision No:
Development Number	Work	Work Statement for Year 2	Work Statement for Year 3	nent for Year 4	Work Statement for Year 5
A. and Name	Statement for	FFY 2011	FFY 2012	FFY 2013	FFY 2014
	Year 1				
	FFY <u>2010</u>				

	NS PRODUCES				
	11/2/4/4/4/4/4/1/				
HA-Wide		132,630	132,630	132,630	132,630
AMP#I		13,020	217,136	217,136	52,880
AMP #2		342,501	148,385	138,385	302,641

Total		488,151	488,151	488,151	488,151
0.0000000000000000000000000000000000000					

ATTACHMENT F

U.S. Department of Housing and Urban Development Office of Public

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and Indian Housing

Part II: Sup	Part II: Supporting Pages - Physical Needs Work Statement(s)	ment(s)				
Work	Work Statement for Year 2011	11		Work Statement for Year: 2012	12	
Statement for	FFY 2011			FFY <u>2012</u>		
Year 1 FFY	Development Number/Name	Quantity	Estimated	Development Number/Name	Quantity	Estimated
<u>2010</u>	General Description of Major Work Categories		Cost	General Description of Major Work Categories		Cost
	1406 Operations		97,630	1406 Operations	V december of the control of the con	97,630
	1408 Management Improvements		\$10,000	1408 Management Improvements		\$10,000
[[]State()State()[]	1410 Administration		\$5,000	1410 Administration		\$5,000
	1430 Fees and Costs		20,000	1430 Fees and Costs		20,000
	1450 Repair/replace walks and drives:			1450 Repair/replace walks and drives:		
	AMP #1		13,020	AMP #1		13,020
	AMP #2		13,020	AMP #2	-	13,020
	1460 Replace Siding Darden Terrace Amp #2	50	204,116	1460 Replace Siding Huckabee Heights Amp#1	50	204,116
	1485 Demolition, Scattered Site, AMP #2	1	\$7,500	1485 Demolition, Scattered Site, AMP #2	-	\$7,500
	1499 Development, dwelling unit, AMP #2	,	\$117,865	1499 Development, dwelling unit, AMP #2	p	\$117,865
						:

Subtotal of Estimated Cost

488,151

Subtotal of Estimated Cost

488,151

Capital Fund Program-Five-Year Action Plan

ATTACHMENT F

U.S. Department of Housing and Urban Development Office of Public

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														11/3/4/4/4/4/4/11/11/11/11/11/11/11/11/11/11				Year 1 FFY	Statement for	Work	Part II: Sup
Subtotal of Estimated Cost			The state of the s			1499 Development, dwelling unit, AMP #2	1485 Demolition, Scattered Site, AMP #2		1460 Replace Siding Huckabee Heights AMP#1	AMP #2	AMP #1	1450 Repair/replace walks and drives:	1430 Fees and Costs	1410 Administration	1408 Management Improvements	1406 Operations	General Description of Major Work Categories	Development Number/Name	FFY 2013	Work Statement for Year 2013	Part II: Supporting Pages - Physical Needs Work Statement(s)
						,	1		50									Quantity)13	ement(s)
488,151						\$117,865	\$7,500		204,116	13,020	13,020		20,000	\$5,000	\$10,000	97,630	Cost	Estimated			
Subtotal of Estimated Cost	 and the second s	 - AAAAAAA		The state of the s		Application of the state of the	1499 Development, dwelling unit, AMP #2	1485 Demolition, Scattered Site, AMP #2	 1460 Replace siding, Darden Terrace AMP#2	AMP #2	AMP #1	1450 Repair/replace walks and drives:	1430 Fees and Costs	1410 Administration	1408 Management Improvements	1406 Operations	General Description of Major Work Categories	Development Number/Name	FFY 2014	Work Statement for Year: 2014	
							1	part	50									Quantity		14	
488,151							\$117,865	\$7,500	164,256	13,020	13,020		20,000	\$5,000	\$10,000	97,630	Cost	Estimated			

Capital Fund Program—Five-Year Action Plan

ATTACHMENT F

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Office of Public

Expires 4/30/20011

													[[]State(state())	[[[]]]]		2010	Year 1 FFY	Statement for	Work	Part III: Su
Subtotal of Estimated Cost			3.3.3											Computer software upgrade and training		General Description of Major Work Categories	Development Number/Name	FFY <u>2011</u>	Work Statement for Year 2011	Part III: Supporting Pages - Management Needs Work Statement(s)
\$10,000	 		The second district		 - PARAMATA				- HART			AND	A Administration of the Control of t	\$10,000			Estimated Cost		11	k Statement(s)
Subtotal of Estimated Cost \$10,000	**************************************	· · · · · · · · · · · · · · · · · · ·	 The state of the s				The state of the s	- Annual Control of the Control of t	THE RESIDENCE OF THE PROPERTY	The second design of the second secon	- Annual Management () () () () () () () () () (a market planted and a second a	Computer software upgrade and training	T TOWN THE T	General Description of Major Work Categories	Development Number/Name	FFY 2012	Work Statement for Year: 2012	
\$10,000														\$10,000			Estimated Cost		12	

Capital Fund Program—Five-Year Action Plan

ATTACHMENT F

U.S. Department of Housing and Urban Development
Office of Public

Expires 4/30/20011

											[[]Stateshoph[]	[[][X60003X][]		2010	Year 1 FFY	Statement for	Work	Part III: Su
Subtotal of Estimated Cost								- Contract					Computer software upgrade and training	General Description of Major Work Categories	Development Number/Name	FFY <u>2013</u>	Work Statement for Year 2013	Part III: Supporting Pages - Management Needs Work Statement(s)
\$10,000									THE RESIDENCE OF THE PROPERTY				\$10,000		Estimated Cost		13	x Statement(s)
Subtotal of Estimated Cost			 		· constantinopri								Computer software upgrade and training	General Description of Major Work Categories	Development Number/Name	FFY 2014	Work Statement for Year: 2014	
\$10,000	***************************************	TO THE PROPERTY OF THE PROPERT		***************************************									\$10,000		Estimated Cost	Ţ	14	

HOUSING AUTHORITY OF CONWAY, SC

Section 8 HCV Waiting List

		Ве	droom Size			Total
	1BR	2BR	3BR	4BR	5BR	
Elderly	7	1	1			9
Handicap/Disabled	4	2	2			8
Family	119	169	84	13	2	387
Totals	130	172	87	13	2	404
Hispanic	1		1			2
White	27	14	10			51
Black	103	158	77	13	2	353
Other						

ATTACHMENT H

Violence Against Women Act Required Statement PHA 5-year and Annual Plan	For FY: 2010			
Housing Authority of Conway, SC				

5-year Plan Requirements

Identify the PHA's goals, objectives, policies, or programs that will enable the housing authority to serve the needs of child and adult victims of domestic violence, dating violence, sexual assault, or stalking as required by the Violence Against Women Act of 2005. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.

The Housing Authority of Conway added the following items to its public housing Admission and Continued Occupancy Policy and Section 8 Administrative Plan:

PROTECTION OF VICTIMS OF DOMESTIC VIOLENCE

Incidents of domestic violence, dating violence, or stalking shall not be good cause for denying victims access to or termination from the Public Housing Program or for terminating a lease held by a victim of such violence.

Within fourteen days upon request by the Authority, victims of domestic violence, dating violence, or stalking must certify via a HUD approved certification form (HUD-50066) their status as victims and that the incident in question was a bona fide incident of domestic violence, dating violence, or stalking by presenting appropriate documentation to the Authority. The fourteen day timetable may be extended by the Authority.

Victims of domestic violence, dating violence, or stalking may satisfy the certification requirements by:

- Providing documentation signed by an employee, agent, or volunteer of a victim service provider, an attorney, or a medical
 professional, from whom the victim has sought assistance in addressing domestic violence, dating violence, or stalking or the
 effects of the abuse, in which the professional attests under penalty of perjury (28 U.S.C. 1746) to the professional's belief
 that the incidents in question are bona fide incidents of abuse, and the victim has signed or attested to the documentation; or,
- Producing a Federal, State, tribal, territorial, or local police or court record.

At its discretion the Authority may provide benefits to a victim of domestic violence, dating violence, or stalking based solely on the victim's statement or other corroborating evidence.

Nothing prevents a victim who has committed a crime or violated a lease from being evicted.

Annual Plan Requirements

Section I: Services:

Activities, services, or programs provided or offered, either directly or in partnership with other service providers, to child and adult victims of domestic violence, dating violence, sexual assault or stalking including, but not limited to the following:

domestic vivience, daming retailed, services,	Yes	No
The PHA coordinates with local community organizations, listed below:		***************************************
Conway Police Department	***	
Citizens Against Spousal Abuse	X	
Don't Let Him Take Your Mind, Sandra Gowans	ļ	
2. The PHA has developed a referral system for victims of domestic violence, dating violence, sexual assault, or stalking.	X	
Referrals are handled through the Authority's FSS Coordinator		
3. The PHA provides social services and/or case management to victims. Explain below:	X	
The Authority's FSS Coordinator provides case management and coordinates social services		
4. The PHA provides training to its staff on VAWA's housing provisions and/or the dynamics of domestic violence, dating		
violence, sexual assault or stalking. Include dates and topics of trainings:	X	
September 23, 2009, VAWA All-Staff Training, HUD training in Columbia, SC		
5. Please list any other activities, services or programs offered (referrals for court and legal services, job training, on-site		
programs, etc.):		
• The Authority's FSS Coordinator is the Authority's contact person for all related VAWA questions, problems and	X	
situations		
 The FSS Coordinator provides case management and referral services and coordinates victim's needs with local social 		

ATTACHMENT H

services agencies		
The FSS Coordinator also conducts VAWA in-service training to other Authority employees as instructed by the		
Executive Director		
Section II: Obtaining and Maintaining Housing		
Activities, services or programs provided or offered that help child or adult victims of domestic violence, dating violence, sexual		
assault, or stalking to obtain or maintain housing, including, but not limited to, the following: 1. The PHA provides transitional housing programs for victims of domestic violence, dating violence, sexual assault, or stalking.		
The Authority does not provide transitional housing; however, the Authority's FSS Coordinator works closely with the Conway Police Department and Citizens Against Spousal Abuse to provide this service.		X
2. The PHA has established a preference category for victims of domestic violence, dating violence, sexual assault, or stalking. Explain below:		X
3. The PHA has developed an emergency transfer policy for victims of domestic violence, dating violence, sexual assault or stalking living in public housing.	X	
4. The PHA has developed a policy for the bifurcation of leases and/or rental assistance in public and Section 8 housing.	X	
5. The PHA has developed a policy for porting vouchers before the end of a lease term for victims of domestic violence, dating violence, sexual assault, or stalking.	X	
6. If the PHA requires certification, the PHA has established a written procedure for verification of status as a victim of domestic violence, dating violence, sexual assault, or stalking in public and Section 8 housing.	X	
 7. Please list any other activities, services or programs offered: (e.g. separate wait lists for victims or set aside programs). The Authority provides space in the Darden Terrace Community Center to Sandra Gowans to provide a program "Don't Let Him Take Your Mind" which deals with domestic violence. Ms. Gowans holds weekly meetings to build self-esteem and to teach job skills. The Housing Authority won a National Award of Excellence from NAHRO for its program dealing with domestic violence. 	X	
Section III: Prevention and Safety Enhancement Activities, services or programs provided or offered to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families, including but not limited to:		
 The PHA maintains all information related to an individual's status as a victim of domestic violence, dating violence, sexual assault, or stalking as confidential, and will only disclose this information as required by law. Explain measures taken to ensure confidentiality. 	X	
2. If the PHA has its own police or security officers, the PHA has policies that allow the PHA to enforce protection orders.	N/A	
3. The PHA has information on domestic violence, dating violence, sexual assault, or stalking available to tenants and coordinates with local service providers to prepare prevention programs for tenants.	X	
 4. The PHA has notified all public housing tenants, Section 8 tenants, and Section 8 landlords of VAWA's housing protections. Explain how notice is provided. Applicants, residents, voucher holders and landlords are given a pamphlet informing them of VAWA Residents receive additional information at Lease signing and sign an acknowledgement Information is routinely included in the Resident Newsletter 	X	
 5. Please list any other activities, services or programs offered: (e.g. increased security measures, lock changes, cameras, etc.) Lock changes Coordination with local Police Personal follow-up by the FSS Coordinator 	X	

PHA Certifications of Compliance with PHA Plans and Related Regulations

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

PHA Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the PHA 5-Year and Annual PHA Plan

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the $\frac{X}{X}$ 5-Year and/or $\frac{X}{X}$ Annual PHA Plan for the PHA fiscal year beginning $\frac{Y}{X}$ hereinafter referred to as" the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

- 1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
- 2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
- 3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
- 4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
- 5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
- 6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
- 7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
- 8. For PHA Plan that includes a policy for site based waiting lists:
 - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
 - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
 - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
 - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
 - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
- 9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
- 10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
- 11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.

- 12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
- 13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
- 14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
- 15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
- 16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
- 17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
- 18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
- 19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
- 20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
- 21. The PHA provides assurance as part of this certification that:
 - (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
 - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
 - (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
- 22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

	SC025				
PHA Name	PHA Number/HA Code				
 x 5-Year PHA Plan for Fiscal Years 20¹⁰ - 20¹⁴ x Annual PHA Plan for Fiscal Years 20¹⁰ - 20 					
I hereby certify that all the information stated herein, as well as any information provice prosecute false claims and statements. Conviction may result in criminal and/or civil p	led in the accompaniment herewith, is true and accurate. Warning: HUD will enalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)				
Name of Authorized Official	Title				
Name of Authorized Official Danny Hewitt	Title Chairman				

Civil Rights Certification	Civil	Rights	Certification
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U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

Civil Rights Certification

Annual Certification and Board Resolution

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioner, I approve the submission of the Plan for the PHA of which this document is a part and make the following certification and agreement with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further fair housing.

Housing Authority of Conway	SC025				
PHA Name	PHA Number/HA Code				
I hereby certify that all the information stated herein, as well as any information proprosecute false claims and statements. Conviction may result in criminal and/or civil	vided in the accompaniment herewith, is true and accurate. Warning: HUD will penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)				
Name of Authorized Official Danny Hewitt	Title Chairman				
Signature	Date 6-10-2010				

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB 0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352 (See reverse for public burden disclosure.)

3. Report Type: 1. Type of Federal Action: 2. Status of Federal Action: a. initial filing la. bid/offer/application a. contract b. b. material change ^lb. initial award b. grant For Material Change Only: c. post-award c. cooperative agreement year ____ quarter ___ d. loan date of last report e. loan guarantee f. loan insurance 5. If Reporting Entity in No. 4 is a Subawardee, Enter Name 4. Name and Address of Reporting Entity: and Address of Prime: Subawardee ✓ Prime Tier _____, if known: Housing Authority of Conway 2303 Leonard Avenue Conway, SC 29527 Congressional District, if known: Congressional District, if known: 1st 7. Federal Program Name/Description: 6. Federal Department/Agency: U. S. Department of Housing and Urban Development CFDA Number, if applicable: 9. Award Amount, if known: 8. Federal Action Number, if known: \$ b. Individuals Performing Services (including address if 10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI): different from No. 10a) (last name, first name, MI): N/A N/A 11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact Signature: Print Name: Sherry Joyner upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the Title: Executive Director required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure. Telephone No.: (843) 248-7327 Date: Authorized for Local Reproduction Federal Use Only: Standard Form LLL (Rev. 7-97)

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

lawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition. b. Establishing an on-going drug-free awareness program to inform employees (1) The dangers of drug abuse in the workplace; (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and	Official, I make the following certifications and agreements to
Housing Agency Plan, FY2010 Annual Plan and FY2010 to 2014 for Acting on behalf of the above named Applicant as its Authorized the Department of Housing and Urban Development (HUD) regarding I certify that the above named Applicant will or will continue to provide a drug-free workplace by: a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition. b. Establishing an on-going drug-free awareness program to inform employees (1) The dangers of drug abuse in the workplace; (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and	Official, I make the following certifications and agreements to
Acting on behalf of the above named Applicant as its Authorized the Department of Housing and Urban Development (HUD) regarding I certify that the above named Applicant will or will continue to provide a drug-free workplace by: a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition. b. Establishing an on-going drug-free awareness program to inform employees (1) The dangers of drug abuse in the workplace; (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and	Official, I make the following certifications and agreements to
the Department of Housing and Urban Development (HUD) regarding I certify that the above named Applicant will or will continue to provide a drug-free workplace by: a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition. b. Establishing an on-going drug-free awareness program to inform employees (1) The dangers of drug abuse in the workplace; (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and	Official, I make the following certifications and agreements to ng the sites listed below:
a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition. b. Establishing an on-going drug-free awareness program to inform employees (1) The dangers of drug abuse in the workplace; (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and	
	(1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction; e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant; f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted
for drug abuse violations occurring in the workplace. c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.; d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will	 Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency; Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.
2. Sites for Work Performance. The Applicant shall list (on separate page HUD funding of the program/activity shown above: Place of Performa Identify each sheet with the Applicant name and address and the program and states and the program if there are workplaces on file that are not identified on the attached I hereby certify that all the information stated herein, as well as any informations: HUD will prosecute false claims and statements. Conviction may reconstruct the conviction may reco	es) the site(s) for the performance of work done in connection with the ince shall include the street address, city, county, State, and zip code. am/activity receiving grant funding.) ed sheets. mation provided in the accompaniment herewith, is true and accurate.
Sherry Joyner Signature	

7-12-10

Certification of Payments to Influence Federal Transactions

U.S. Department of Housing and Urban Development Office of Public and Indian Housing

Applicant Name	
Housing Authority of Conway	
Program/Activity Receiving Federal Grant Funding Housing Agency Plan, FY2010 Annual Plan and FY2010 to 201	4 Five Year Plan
The undersigned certifies, to the best of his or her knowledge and	d belief, that:
(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connec-	(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.
tion with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.	This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required
(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.	certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.
I hereby certify that all the information stated herein, as well as any in	formation provided in the accompaniment herewith, is true and accurate.
Warning: HUD will prosecute false claims and statements. Conviction ma (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)	
Name of Authorized Official	Title
Sherry Joyner	Executive Director
Signature	Date (mm/dd/yyyy)
Sherry Joyner	06/10/2010

Certification by State or Local Official of PHA Plans Consistency with the Consolidated Plan U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

Certification by State or Local Official of PHA Plans Consistency with the Consolidated Plan

I,	Edwin R. Knight	the	Deputy	Director o	f Administration	certify	that	the	Five	Year	and
Annu	al PHA Plan of the	Housing Au			· · · · · · · · · · · · · · · · · · ·		the C	Cons	olidat	ed Pla	n of
the St	ate of South Carolina	prepai	ed pur	suant to	24 CFR Part	91.					

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Signed / Dated by Appropriate State or Local Official

Edwin R. Knight, Deputy Director of Administration

and Authorized Signatory for the South Carolina State Housing and Development Authority